ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH County Willan State District or Township. City Manne of child. No. E - 69 Days Cangons. Ward (If bith occurred in a hospital or institution, give its NAME instead of street and number) All in event of plural births. PATHER FATHER Full name Clusal place of abode) Manne Clusal place of abode) Manne 10. Color or race West can 11. Ago at last birthday Wy (Years) 12. Birthplace (city or place) (State or country) Mature of industry Country Country Country Country Country Address Address Manne Country March Registered No. March Registered No. Ward Ward Ward Address To Birth June Registered No. Ward Ward Ward It child is not yet named, make unables in the full in the for there. Clusal place of abode of birth. See of Child To be answered ONLY 1 See of Child To be answered ONLY 2 To Date of birth June Country To Date of birth June To Date of birth June To Date To Date of birth June To Date To Date Of birth June To Date		•		
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